caTISSUE Developers Meeting
Draft Meeting Notes, Pending Review
9/23/04

Meeting Date	September 23, 2004 11:00 – 5:00 pm EST
Attendees:	**caBIG Team:** *Mark Adams – caBIG Program Manager* *Sharon Settnek – caBIG Program Manager* *Arumani Manisundaram – ARCH Workspace* *Christine Richardson – VCDE Workspace Lead* *Mike Keller – VCDE/ARCH Workspace* *Reechik Chatterjee – TBPT Workspace* **Participants:** *Mike Becich – University of Pittsburgh Medical Center* *John Gilbertson – University of Pittsburgh Medical Center* *Rajnish Gupta – University of Pittsburgh Medical Center* *Rakesh Nagarajan – Washington University Medical Center* *Mark Watson – Washington University Medical Center*
Agenda	1. Introductions, Overview of caTISSUE, Communication w/guidance from the Architecture and Vocabulary and Common Data Elements Workspaces 2. Scope – high level system architecture 3. Roles and responsibilities of Developers and Adopters 4. Finalize high level project plan 5. Finalize SOW 6. Budget development
1. Introductions, Overview of caTISSUE, Communication with guidance from Architecture and VCDE Workspaces	After the introductions were completed, Mark Adams provided an overview of caTISSUE. After Mark finished his presentation, the rest of the session focused on the question of receiving consent when acquiring tissue data. In practice, the tissue banks obtain consent through either a trial or tissue basis. Though at least one participant mentioned that tissue banking at their institution was done without consent, it was pointed out that most tissue bank data has to be consented. It was also mentioned that IRB may have to "bless" a given tissue in order for it to be used. To mitigate risk on the issue of consent, it was suggested that a level of consent structure be implemented. Another suggestion was made that a protocol level of consent be put into place. In addition, there could be an investigator who could give yet another level of consent. It was stated that whatever methodology of consent was used, the history of obtaining consent should always trace back to the patient. The group came to a consensus that gaining consent in tissue banking and clinical trials would be very different tasks. Thus, a consent-based interface is

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	a very important standard that needs to be implemented. The group went on to emphasize that the issue of ownership of a given tissue would be an area that needs to be further explored. Consent tracking and protocol based consent tissue management were also stated as two other difficult issues that need to be addressed in the near future. Currently, there is $15 million allocated to solve tissue informatics cooperative groups' challenges. This money is not earmarked to develop the Grid, but instead is designated to address other issues. It is important to note that a double effort is not taking place. However, the work done by the cooperative groups will be caBIG compatible. It is very important that we, the caBIG Developers subcommittee, ensure that dialogue exists between the two groups. Integrating software and integrating data may prove to be very difficult.
2. Scope – high level system architecture	Sharon Settnek moderated the development of a use case. Please see the Visio attachment.
3. Roles and responsibilities of developers and adopters	It was suggested that caBIG should build protocol based tissue-banking software, with the cooperatives groups acting as Adopters.
4. Finalize high level project plan	Tasks (Deliverables) Ongoing Project Activities (Status Reports, Notes, Minutes, Action Items) Project Definition (Vision, Scope, Risks, Communication Plans, Project Plan) Requirements Analysis 1st iteration use cases Evaluation of existing systems 2nd iteration use cases (Requirements Document with use cases, traceability matrix, test approach) Design System Architecture (Diagram) Object Model (UML) Use Cases (Sequence Diagram) Data Model (ER Diagram) Prototype (SW) Data Mapping/SDKs/Interfaces Implementation/Testing (Iterative) (SW) Data Mapping: Report Level Risks: Source System

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	Ex. Data Mapping: Advertise Server (Federation) system-system (import-export XML) adapter mapping INSTALLATION: provide Cancer registry data set (NAACCR) Cancer centers: query, delimited tabs 1. etl process (we determine the source system) 2. grid services – someone has an application (how to connect the grid, web services) 3. import/export XML (Future) (ADV, DIS, DBJ, semantic, query, analysis of vendor)…which goes to caTISSUE database then to OM, then to GRID Need: NAACCR data (Service Administration Use Cases) Washington University is doing ETL. UPMC is working on Grid services, export, and import. Please note that Phase I does not include consent and gene annotation.			
5. Finalize SOW	UPMC and Washington University will review their respective SOWs and will make necessary changes.			
6. Budget Development	Budget development should be related to the LOE table attached.			
7. Action Items:				
	Individual Responsible	**Action Item**	**Due Date**	**Notes**
		Set up presentation on UML modeling.		
		Set up a face-to-face meeting with developers and adopters		
		Set up regular discussion with DSIC to discuss the issue of data sharing.		